

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-036702

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9362

FILED OCT 11 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. LouisLength of stay in 1b
50 yrs.2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

c. CITY OR TOWN St. Louis

Inside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Lutheran HospitalInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
2039 Ann AvenueReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First FRED

Middle

Last SELLIMAN

4. DATE OF DEATH

Month September Day 28, Year 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

4/3/1899

9. AGE (last birthday)

63 yrs.

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Shoe Worker10b. KIND OF BUSINESS OR INDUSTRY
Shoe Mfg.11. BIRTHPLACE (City and state or country)
Lebanon Mo12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

David Selliman

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Mary Joseph Selliman

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. John Litwicki, 5436 Goethe Avenue

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

HEPATIC COMA

INTERVAL BETWEEN ONSET AND DEATH

10 DAYS

DUE TO (b)

CIRRHOSIS OF THE LIVER

? YEARS

DUE TO (c)

581.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Sept 22, 1962 to Sept 28, 1962 and last saw him alive on Sept 28, 1962
Death occurred at 6:45 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Herbert B. Sweet M.D.

22b. ADDRESS

634 N. GRAND

22c. DATE SIGNED

9/29/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

Oct. 1, 1962

23c. NAME OF CEMETERY OR CREMATORY

Our Redeemer Cemetery

23d. LOCATION (City, town, or county)

St. Louis County, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Beiderwieden F.H.Inc., 1936 St. Louis (6)

25. DATE RECD. BY LOCAL REG.

10-1-1962

26. REGISTRAR'S SIGNATURE

Herbert B. Sweet M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

AMENDED

VS 300
Rev. 4/59

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Dr. Herbert C. Sweet
634 No. Grand

Exhibit 30
1/30

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student-Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.